State of Alaska, Department of Revenue Tax Division, Gaming Group PO Box 110420 Juneau, Alaska 99811-0420 Phone (907) 465-2320

## State of Alaska Games of Chance and Contests of Skill 2008 Permittee Quarterly Report AS 05.15.080(a)

	This form is a		e Internet at ww	w.tax.state.ak.us/for	ms.asp						
Federal EIN	Permit Number	Organization Name									
Mailing Address				City, State, Zip							
Talanhana Numbar	I Fay Number	I.F.	mail Address								
Telephone Number	Fax Number		-mail Address								
Report Period (check one):	January - March	April	- June	Uly - Septem	ber	October - December					
Due Date:	May 15	Augus	st 14	November 14		February 14					
Types of Activity (check all applicable):											
Bingo	Pull-Tab	Raffle		Contest of	Skill						
☐ Dog Mu	ushers' Contest	Fish Derby	Other	- Specify:							
ACTIVITIES CONDUCTED BY OPERATOR OR MULTIPLE-BENEFICIARY PERMITTEE (MBP)  Enter amounts from Schedule A (Activity Report by Permittee) of the Operator or MBP Quarterly Reports.											
	. , ,	, ,		, ,	1						
Gross receipts from all gar											
2. Taxes reported from all ga											
<ol><li>Cost of Prizes reported for</li></ol>		-									
4. Adjusted gross income fro		4									
<ol><li>Game-related expenses fr</li></ol>	om all games (Colum	ın I, line 5)			5						
6. Net proceeds from all gam		6									
ACTIVITIES CONDUCTED BY	PERMITTEE AND V	ENDOR		1							
<ol><li>Gross receipts from all per</li></ol>											
8. Taxes reported from all ga	ımes				8						
9. Prizes awarded from all pe	e, services, etc.)	9									
10. Adjusted gross income fro		10									
11. Game-related expenses fr	om all permittee and	vendor activity			11						
12. Net proceeds from all pern		12									
13. Total net proceeds from pe			13								
We declare under pena						dules and statements					
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Member in Charge or Agent Signatur	re / Date		Printe	ed Name							
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President or Treasurer Signature / D	ate		Printe	ed Name							
X											
Paid Preparer's Signature / Date			Printe	ed Name							
X Firm Name		15	irm Address, City,	State 7in							
I mil Name		-	min Addiess, City,	σιαιε, Διμ							
DEPT LISE ONLY	1										

Attach a Schedule D Pull-Tab Attachment, for closed games.

Attach a Calcutta pool report form for each Calcutta pool conducted in the quarter.

PMD:

## 2008 Permittee Quarterly Report

Permit Number	Permittee Name				License Number	Operator/Vendor Name	o/dha					
r emiit ivumbei	reminde name			License Mulliper	Operator/vendor Name/doa							
		B ATTACHMENT			Use a se	parate attachment fo	r games sold by the	e permittee, ve	ndor, or operator.			
The attached games were sold by: (check one)  Quarter (check one)												
Permittee	Vendor	Operator	1st Qtr	Page of								
Distributor License No.		State ID Stamp Label	Game Serial Number	Form Number	Gross Receipts	Prize Payout	Ideal Net	3% Tax	Date In/ Date Out			
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Subtotal (amounts from this page)									Use additional			
Count Total (include execute from all perce)								sheets if necessary.				
Grand Total (include amounts from all pages)												